PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 24 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F97000003511**

1. Corporation Name

SUMMIT SERVICES GROUP, INC.

Principal Place of Business	Mailing Address
2310 WASHINGTON STREET SUITE 100 NEWTON MA 02462-1449	2310 WASHINGTON STREET SUITE 100 NEWTON MA 02462-1449

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida: 07/07/1997

5. FEI Number: 04-3118342 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCTD	CUZZUPOLI, JOSEPH	10 OLD COLONY RD	WESTON MA
VD	BULLOCK, JOSEPH	226 COMMONWEALTH AVE	BOSTON MA
D	HIXON, THOMAS	2310 WASHINGTON STREET, SUITE 100	NEWTON MA 02462
D	PRITCHARD, STINTON	2310 ~~ONE~~ WASHINGTON ST STE ~~200~~ 100	~~WELLESLEY MA 02481~~
DIR	CHANG, BENJAMIN	2310 ~~ONE~~ WASHINGTON ST STE ~~200~~ 100	~~WELLESLEY MA 02481~~
CFO	FRENI, LAWRENCE	2310 ~~1~~ WASHINGTON ST SUITE ~~200~~ 100	~~WELLESLEY MA 02481~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) 072816 10/21/03--01080--006 **750.00 Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Brian Courtney Asst. V. Pres. Date: 11/19/03
REGISTERED AGENT MUST SIGN.

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Laurence A Freni 10/10/03 617-944-3200 x200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #